

NORTH RIDGE MEDICAL/REHABILITATION CENTER

1445 NORTH 7TH STREET

MANITOWOC 54220

Phone: (920) 682-0314

Operated from 1/1 To 12/31 Days of Operation: 365

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/03): 118

Total Licensed Bed Capacity (12/31/03): 121

Number of Residents on 12/31/03: 113

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified? Yes

Title 19 (Medicaid) Certified? Yes

Average Daily Census: 106

Corporation

Skilled

No

Yes

Yes

106

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/03)				Length of Stay (12/31/03)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		19.5
Supp. Home Care-Personal Care	No					1 - 4 Years		43.4
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	4.4	More Than 4 Years		17.7
Day Services	No	Mental Illness (Org./Psy)	8.0	65 - 74	16.8			----
Respite Care	No	Mental Illness (Other)	2.7	75 - 84	34.5			80.5
Adult Day Care	No	Alcohol & Other Drug Abuse	0.9	85 - 94	36.3	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.9	95 & Over	8.0	Full-Time Equivalent		
Congregate Meals	No	Cancer	0.9		----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	15.0		100.0	(12/31/03)		
Other Meals	No	Cardiovascular	17.7	65 & Over	95.6	-----		
Transportation	No	Cerebrovascular	5.3		-----	RNs		10.0
Referral Service	No	Diabetes	0.9	Gender	%	LPNs		4.5
Other Services	Yes	Respiratory	8.8		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	38.9	Male	33.6	Aides, & Orderlies		
Mentally Ill	No		----	Female	66.4			
Provide Day Programming for			100.0		----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

		Medicare (Title 18)			Medicaid (Title 19)			Other		Private Pay			Family Care		Managed Care						
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All	
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Skilled Care	24	100.0	277	66	95.7	114	0	0.0	0	19	100.0	147	0	0.0	0	1	100.0	425	110	97.3	
Intermediate	---	---	---	2	2.9	96	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	1.8	
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Ventilator-Dependent	0	0.0	0	1	1.4	267	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	0.9	
Total	24	100.0		69	100.0		0	0.0		19	100.0		0	0.0		1	100.0		113	100.0	

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/03				

Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total Number of Residents
Private Home/No Home Health	0.5	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	
Private Home/With Home Health	3.0	Bathing	0.0	75.2	24.8	113
Other Nursing Homes	1.0	Dressing	12.4	68.1	19.5	113
Acute Care Hospitals	94.4	Transferring	21.2	58.4	20.4	113
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	20.4	58.4	21.2	113
Rehabilitation Hospitals	0.0	Eating	74.3	17.7	8.0	113
Other Locations	1.0	*****				
Total Number of Admissions	198	Continence		%	Special Treatments	%
Percent Discharges To:		Indwelling Or External Catheter	7.1		Receiving Respiratory Care	23.0
Private Home/No Home Health	30.3	Occ/Freq. Incontinent of Bladder	53.1		Receiving Tracheostomy Care	0.9
Private Home/With Home Health	0.0	Occ/Freq. Incontinent of Bowel	33.6		Receiving Suctioning	0.9
Other Nursing Homes	6.4				Receiving Ostomy Care	2.7
Acute Care Hospitals	39.4	Mobility			Receiving Tube Feeding	0.0
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	0.9		Receiving Mechanically Altered Diets	26.5
Rehabilitation Hospitals	0.0					
Other Locations	3.7	Skin Care			Other Resident Characteristics	
Deaths	20.2	With Pressure Sores	2.7		Have Advance Directives	100.0
Total Number of Discharges (Including Deaths)	188	With Rashes	0.0		Medications	
					Receiving Psychoactive Drugs	69.0

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Proprietary Peer Group %	Ratio	Bed Size: 100-199 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	87.2	84.6	1.03	87.2	1.00	88.1	0.99	87.4	1.00
Current Residents from In-County	98.2	75.5	1.30	78.9	1.24	69.7	1.41	76.7	1.28
Admissions from In-County, Still Residing	21.7	18.9	1.15	23.1	0.94	21.4	1.01	19.6	1.11
Admissions/Average Daily Census	186.8	152.9	1.22	115.9	1.61	109.6	1.71	141.3	1.32
Discharges/Average Daily Census	177.4	154.8	1.15	117.7	1.51	111.3	1.59	142.5	1.25
Discharges To Private Residence/Average Daily Census	53.8	63.8	0.84	46.3	1.16	42.9	1.25	61.6	0.87
Residents Receiving Skilled Care	97.3	94.6	1.03	96.5	1.01	92.4	1.05	88.1	1.11
Residents Aged 65 and Older	95.6	93.7	1.02	93.3	1.02	93.1	1.03	87.8	1.09
Title 19 (Medicaid) Funded Residents	61.1	66.0	0.92	68.3	0.89	68.8	0.89	65.9	0.93
Private Pay Funded Residents	16.8	19.0	0.88	19.3	0.87	20.5	0.82	21.0	0.80
Developmentally Disabled Residents	0.0	0.5	0.00	0.5	0.00	0.5	0.00	6.5	0.00
Mentally Ill Residents	10.6	31.3	0.34	39.6	0.27	38.2	0.28	33.6	0.32
General Medical Service Residents	38.9	23.7	1.64	21.6	1.81	21.9	1.78	20.6	1.89
Impaired ADL (Mean)	46.7	48.4	0.96	50.4	0.93	48.0	0.97	49.4	0.95
Psychological Problems	69.0	50.1	1.38	55.3	1.25	54.9	1.26	57.4	1.20
Nursing Care Required (Mean)	7.1	6.6	1.08	7.4	0.96	7.3	0.97	7.3	0.97